

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552203

FILING DATE

APPLICANT(S)

12/17 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		1		1	53						
4		3		1		1	54						
5		4		1		1	55						
6		5		1		1	56						
7		6		1		1	57						
8		7		1		1	58						
9		8		1		1	59						
10		9		1		1	60						
11		10		1		1	61						
12				1		1	62						
13				1		1	63						
14				1		1	64						
15				1		1	65						
16				2		1	66						
17						1	67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	16	←	16	←	TOTAL DEP.		←		←		←
TOTAL CLASSES			17		17		TOTAL CLASSES						

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